

Control Number:

CITY OF THOMASVILLE APPLICATION FOR PRIVILEGE LICENSE

P. O. BOX 368 or 10 SALEM STREET • THOMASVILLE, NC 27361

TEL: (336) 475-4254 • FAX: (336) 475-4258

AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED AND A LICENSE WILL NOT BE ISSUED.

Date of Application: _____

Start Date of Business: _____
If you are an existing business, it is not necessary to specify a start date

Business Name: _____

Business Location Address: _____

Business Mailing Address: *(If different from above)* _____

Type of Ownership: Corporation Sole Proprietor Partnership Professional Assn Other

Business Telephone: _____ Business Fax: _____

Business Email Address: _____

If you operate more than one business within the city limits, please list the additional locations:

Address: _____ Phone: _____

Address: _____ Phone: _____

Owner Name: _____

Street _____ City _____ Zip Code _____

Owner Contact Telephone: _____

Other Contact Name for the Business: _____

Relationship to the Business: _____

Street _____ City _____ Zip Code _____

Other Contact Telephone: _____

Does this business own the building: Yes _____ No _____

If no, please list the property owner's name _____

Give a description of your business: _____

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****COMPLETE ALL OF THE APPLICABLE CATEGORIES BELOW****

Number of Video & Arcade Machines: _____

Number of Internet Sweepstakes Machines: _____

Number of Beauty & Nail Salon Operators: _____

Number of Lanes per Bowling Alley: _____

Number of Hotel / Motel rooms: _____

Number of Days in Operation of Circus, Pony Rides, Etc: _____

Contractors: Please enclose a copy of your state license with this application.

Do you solicit business outside the city? _____ outside the county? _____

PLEASE NOTE: *Receipt of a Privilege License does not indicate compliance with the Zoning Ordinance or with the building codes. Contact Planning/Zoning if you have any questions (336) 475-4255.*

By completing this application the licensee named herein is complying with all legal requirements respecting the same, and is authorized to carry on business as described in City of Thomasville Municipal Code Ordinance No. 04-19-ORD6. To the best of my knowledge the information contained in this application is true and correct. Upon receipt of payment for this privilege license, it does not authorize, permit, or allow certificate holder to do any act not authorized by any law.

Signature

Title

Print Your Name

Date

FOR OFFICE USE ONLY

Planning / Zoning Approval: _____ Date: _____

Building Inspector Approval: _____ Date: _____

Electrical Inspector Approval: _____ Date: _____

Engineering Dept. Approval: _____ Date: _____

Fire Marshall Approval: _____ Date: _____